



Account Information Update Request

Account Number _____

Service Address _____

Customer Name _____

Requested Changes to Account

Customer Name _____ Spouse Name _____

Mailing Address _____

City, State, Zip _____

Home Phone _____ Cell / Business / Emergency Phone _____

Primary Email address _____

Secondary Email address _____

Paperless Billing Y* N

*Please be aware that by selecting paperless you will not receive a statement in any form.
 If you are signed up for Auto Pay through Xpress Bill Pay (www.xpressbillpay.com) you can request an e-mailed reminder that your bill is available to view online, but will be required to log in to see the billing.

Signature of Account Holder **Printed Name** **Date**

For City of White Salmon Use Only:

Account updated by _____ Date _____

Account reviewed by _____ Date _____

PO BOX 2139
 100 N MAIN ST
 White Salmon, WA 98672

OFFICE: (509) 493-1133
 Web Site: www.whitesalmonwa.gov